

Board Assurance Prompt – older people living in general housing

The application of assisted living technology to support independence

September 2012

What is this guide and who is it for?

Whilst the benefits of Assistive Living Technology are not restricted to those who have reached old age, older people make up a substantial proportion of the tenant population living in general social housing, in many cases 40% or more. Often this will be a larger number than the older people the provider houses in sheltered housing. For the leaders of organisations managing general housing these notes assist them in ensuring that their organisation is taking full benefit of the opportunities presented by technologies such as telecare and telehealth.

Whatever the baseline set by past investment and current practice; these notes provide the means by which the Board and senior executive team can develop a programme for improvement.

Older people in General Housing

The majority of older tenants arrive at retirement age living in general housing, often the housing in which they have raised a family and which they may have lived in for many years, if not several decades. The local community too will be familiar and have features that contribute to the older person's sense of identity and wellbeing.

For those managing the scarce resource of family sized housing, the perspective may be different and frequently housing managers will seek to persuade those whom they see as "under occupying" to downsize, most commonly by a move to some form of Sheltered or Extra Care Housing.

The progressive organisation will wish to respect the right of its tenants to make informed choices about the form of accommodation that best meets their needs.

For those who do decide to remain in general housing, the housing provider has a duty of care to ensure that their home is safe and appropriate to their needs. Some older people will enter old age with pre-existing chronic conditions, others may experience a gradual deterioration in mobility, hearing, sight, dexterity and balance and the likelihood of social exclusion and associated health effects increases.

Assistive living technology offers a range of possibilities to enhance ability, mitigate risk and allow support (and care where required) to be delivered in a way which carries with it the least disruption to the life of the older tenant living in general housing.

For Senior Managers and Board Members there are two levels of challenge:

- To establish a strategic approach to the desire of many of their tenants to age in place within general housing,
- For those who adopt that option, to offer robust and flexible systems to enable that choice to be sustained.

The rest of this guide

Overleaf we suggest seven key assurance questions that Board Members and Senior Officers considering the quality of their offer to their older tenants in general housing might ask of their organisation, together with possible answers: both plausible and less adequate.

Beneficial outcomes

In general housing, as in other settings, an up to date system of technology to support independence offers flexible, unobtrusive and cost effective support to respond to the needs of residents, carers and management organisation alike.

For older tenants and family members

- It provides support in key areas that can otherwise undermine confidence and erode the capacity for independent living. The system provides the means of self-care and making contact or summoning assistance in an emergency but, with the addition of a range of devices the system can also raise an alert automatically.
- For carers, it provides reassurance that in the event of an emergency that there is a timely response and can provide them with some respite.
- Concerns about safety and security, about the consequences of forgetfulness, whether leaving a tap running, or leaving the stove unattended, can be managed through the devices that make up the technology to support independence.
- For those who need frequent monitoring of their health and wellbeing status, the system offers a means by which routine monitoring can happen in the home, only requiring attendance at the surgery, or a home visit by a health professional, if the system detects irregularities.

For the housing management organisation

- The provision of a modern system can support asset management and mitigate risks within the property: detecting flooding from a tap left on before it brings down the ceiling in the flat below is just one example. Such savings in maintenance and repair through the pro-active risk management provided such an installation has a direct beneficial impact on bottom line costs.
- The costs associated with the termination of a tenancy and a re-let are considerable (conservatively estimated at around £1,000 on each tenancy change). Extending the capacity of tenants to remain in their existing home carries direct savings.
- Incorporating Assistive Technology capabilities into new build properties, and including it in major refurbishment programmes, contributes to the future-proofing of the property and to the sustainability of the stock in serving an ageing population.

Alongside these you will find reference to existing examples of good practice and other key facts. On the back page of the guide you will find a maturity matrix to support development and improvement in implementing assistive living technology.

For Health and Social Care partners

- It can provide mitigation of risks that might otherwise require increased levels of formal care provision or health interventions or a move to a residential care setting.
- Offers a more sustainable pattern of monitoring for those with chronic conditions such as diabetes, heart and respiratory diseases, helping avoid unplanned hospital admissions and improving the quality of care.
- Recent research has demonstrated substantial savings for social care providers through the installation of telehealthcare systems.
- Systems can speed hospital discharge and support reablement.

What is technology to support independence?

The homes of most older people contain a wealth of technology intended to enhance their lifestyle, aid communication or provide entertainment. Whilst most, but not all, older people have a telephone in their home, and an increasing number have a computer and are connected to the internet, Assistive Living Technology (ALT) to support independence in old age has been slower to penetrate beyond specialised housing settings.

Safeguarding the property

In early old age primary concerns may be around the security of the property with intruder alarm, smoke and CO2 detection being remotely monitored, whether there is anyone at home or not.

Safeguarding the older tenant

When, through frailty or disability, the concern is more around the risk for the occupant the system can be augmented. Two-way speech communication through a dispersed alarm installed in the homes of older people, sometimes supplemented with pull cords in kitchen, bedroom and bathroom, has been available for a considerable time to tenants in general housing. The advent of telecare systems allows these basic functions to be integrated and extended. Telecare devices fall into two categories: those that detect risks arising from the environment and those that detect risks arising from personal circumstances.

Mitigating common risks

In the first category are devices that detect excess heat, carbon monoxide, the presence of natural gas (with automatic shut-off valve), flooding and ingress and egress to the building. In the second are sensors that can detect whether a resident has fallen or has been

inactive for some time, including bed and chair occupancy sensors, and movement detectors.

Coping with long-term health conditions

For those with long-term health conditions telehealth systems carry support further, offering prompts to assist medication compliance and a range of monitoring devices: blood pressure, pulse, temperature, blood glucose and coagulation meters, together with weighing scales and peakflow monitor/spirometer. Configured as a system to match the needs of an individual resident and remotely monitored by health professionals through a dedicated interface within the home, telehealth can extend the parameters of independent living for older people with a wide range of common chronic conditions, for example, strokes, dementia, diabetes.

The benefits of a flexible, extendable system

Configured together, these systems provide benefits to tenants in general housing, housing managers, relatives and informal carers, social care providers and healthcare providers. They support independence, mitigate risk, extend tenancies, enable the better co-ordination of services and offer cost savings in housing, health and social care economies.

Technology can also enhance lifestyle choices and facilitate social inclusion by providing a real-time, easy-to-use, low-cost link to the outside world. Systems are now available which use light-weight touchscreen tablets enabled with wifi and broadband to allow users to send and receive email and text messages, share photos and video conference with family, friends, care providers and health professionals via a universal messaging system. Bulletin board messaging encourages users to get involved, helping to create a social community network within their care home, and carers can broadcast messages, improving the ease and efficiency with which they can communicate with everyone. Online content and applications provide easy access to events, local news, weather forecasts, television guides, shopping, local authority services, appointment requests and contacts, encouraging users to take an active part in their local community and enabling their community to more easily interact with them.

For both tenants and management organisation the flexibility of the systems, able to be extended and augmented as needs change over time, provides reassurance that those who choose to “age in place” can do so with confidence. Such innovations require good governance to support both housing management functions and the provision of timely care interventions, increasing the privacy and independence of residents and driving operational efficiencies.

Key facts

The average age of housing association tenants is rising. Nearly one in three tenants is over the age of 65 and of those, over half live in general needs housing.

Survey of Existing Tenants survey. National Housing Federation, July 2006. RSR 2007, Existing Tenants Survey 2004/05, CORE data. Housing Corporation, 2007.

Telehealth monitoring is relevant to people of all ages but incidence of LTC is high, and rising, among older people:

In 2012 1,125,000 people 65 and over have diabetes. This is estimated to rise to 1,607,000 by 2030. In 2012 209,000 people 65 and over have long term health issues arising from a stroke. This is estimated to rise to 307,000 by 2030.

In 2012 443,000 people 65 and over have long-term health issues arising from a heart attack. This is estimated to rise to 640,000 by 2030.

Falls by older people in UK cost over £1bn pa (59% borne by NHS). Scuffham, P, Chaplin, S and Legood, R (2003) ‘Incidence and costs of unintentional falls in older people in the United Kingdom’ Journal of Epidemiology and Community Health 57 740–744.

Every hip fracture costs about £33,000 per person. Parrott, S (2000) The economic cost of hip fracture in the UK.

Half of people aged 65 today can expect to spend over £20,000 on care in their lifetime. A quarter can expect costs over £50,000. And one in ten can expect costs over £100,000. Lifetime costs can be even higher for people who are born with a disability or who develop a care need earlier in life.

Dilnott Commission on Funding of Care and Support, 2010.

	Example assurance question	Plausible answer	Inadequate answer	Case studies
1	What do we know of the age profile, circumstances and distribution of our older tenants in our general housing stock?	We regularly survey our tenants to ensure that we have an up to date profile of age and circumstances so that we may ensure that the range of accommodation and services offered to them meet their needs appropriately.	We rely on our housing officers to build up an informal picture of the situation of their patch.	<p>“Our aim is to help people maintain their independence, without compromising their safety. Telecare makes it easier to achieve the right balance for each individual, and to alter things as their needs change. Assistive Living Technology means the people we support have privacy and control, but with help on hand should they need it.”</p> <p>Jane Bennison, Service Manager – Older People, Broadacres Housing Association</p> <p>“Cross Keys Homes is committed to the delivery of excellent customer focussed services, managing 10,000 properties providing homes for tenants, older people, shared owners and leaseholders across Peterborough. Through our extensive telecare provision we can provide an holistic service that has no boundaries when delivering services that enable people to remain independent in the home of their choice.”</p> <p>Heather Scullion, Head of Supported Housing, Cross Keys Homes</p> <p>“We’re using community alarms and telecare to great effect to support people in their own homes for as long as possible. I’m proud to say we’re keeping people connected to their communities, where they have a network of support and social opportunities. Yes, we want people to be safe, but we also want them to be happy.”</p> <p>Bob Livermore, Assistant Director Housing and Regeneration, West Lancashire District Council</p> <p>“We’ve found that by adopting a private sector approach, we can increase efficiency and maximise the support we offer to our customers. The delivery processes are the same, even though the product is different. Telecare plays a key role in enabling us to address the cost/quality conundrum in a more commercial way – how to deliver better quality services at lower cost.”</p> <p>Dave Jepson, Deputy Chief Executive, Riverside</p>
2	Do we have a clear policy in relation to supporting tenants to remain in their existing homes in our general housing stock?	We have a balanced approach which is driven by a sensitive assessment of each tenant’s needs and aspirations. Whilst we provide encouragement to move to specialised housing when that seems appropriate we will support those tenants who want to stay put.	We encourage as many older tenants as possible to move into sheltered housing, especially those who are living alone.	
3	Have we considered how packages of Assistive Technology might be developed to support the independence of our older tenants?	We have looked at the systems and devices currently available and are working with our provider, and our health and social care partners, to develop a menu of options that can be matched to the circumstances of individual tenants.	We can arrange for a dispersed alarm to be installed for tenants who request it.	
4	Have we ensured that our initiatives are a good fit with those being developed by health and social care partners?	We have worked in collaboration with health and social care partners to ensure that the options we have developed are embedded in the assessment processes and service responses of health and social care. This has opened access to new funding streams to provide this support to our tenants and created strong collaborative links with Clinical Commissioning Groups.	Arranging for health and social care needs to be met is the responsibility of tenants and their families. We always give “Landlord’s Permission” for adaptations proposed following health or social care assessment.	
5	Do we have an integrated strategy for using our specialised housing for older people as a hub for services offered within neighbourhoods?	We look at the needs of our older tenants on a neighbourhood basis and seek to develop services that are not constrained by the particular building in which tenants live. Our specialised housing can provide a range of facilities and services for all our older tenants living within a local community.	If tenants require the range of support offered in our specialised housing we generally expect them to move to that accommodation.	
6	Do we offer social care partners a means of reducing the rate of admission to registered care through failed tenancies involving older people?	Our care and support strategy integrates adaptation to the property with an appropriate range of telehealthcare devices, linked to the resident’s care and support plans, offering the cost benefits identified in evaluated pilot.	Care costs aren’t really our concern, unless the social care authority will provide the funding for a new system.	
7	Are we able to offer health partners options for supporting their patients among our tenant population who are living with long-term chronic health conditions?	We are working with health partners to provide a telehealth system that allows routine monitoring to be provided, providing preventative care, reducing the need for routine visits to their health centre and allowing more pro-active support of their condition. This is greatly strengthening the appreciation of health colleagues of the role housing can play in facilitating wellbeing in old age.	Strategies to meet the health needs of our tenants are the responsibility of the health professionals.	

The application of technology to support independence in general housing for older people

A maturity matrix to support development and improvement September 2012



To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the right to the level you intend to reach in the next 12 months.



Progress Levels	0	1	2	3	4	5
Key elements	No	Basic Level Understanding the need and the market	Early Progress Researching the potential	Laying Foundations Incorporating into the Business Plan	Maturity Implementing systems across our stock	Exemplar Review, enhance, disseminate
Understanding the needs and aspirations of current and potential older tenants in general housing		We are working to establish the age profile of our tenants and to understand their current and future needs.	We have researched what ALT solutions can provide and how packages may be configured to respond to individual needs.	ALT is a fundamental element in our Business Plan or Market Position Statement for all our housing.	We have rolled out hardware installation and training to implement technology to support independence.	We have surveyed our tenants, consulted with health and social care partners and independently evaluated our programme.
A balanced strategy to respect the choices of our older tenants		We have identified the consequences of adopting a balanced approach to older tenants remaining in general housing. We have identified the ways in which ALT may mitigate the risks associated with older people ageing in place.	We are implementing pilot installations and evaluating them. These are based on a pathway approach as tenants age and their needs change from security and safety needs, through personal support to health monitoring.	We have included the provision of ALT packages to tenants who are assessed as likely to benefit from them in our forward planning for service enhancement.	We have installed ALT in the homes of all tenants assessed as likely to benefit and put in place budget provision and delivery mechanisms to respond to future requests as they arise.	We are monitoring incidents where problems have been avoided or mitigated. The financial benefits to tenants, ourselves and our health and social care partners have been identified and form part of our governance reporting.
Using technology to enhance support and care delivery		We have established a joint study group with social care partners to explore the potential benefits of ALT to our older tenants.	We are engaging with social care commissioners to develop appropriate care pathways that include telecare, including the use of personal budgets.	We have developed integrated patterns of assessment that deliver telecare within the care and support plans for our older tenants.	All older tenants are offered screening and assessment leading to the provision of a personalised telecare package, if appropriate.	We are able to demonstrate savings to social care commissioners and enhancement in the quality of care and support received by older tenants in general housing.
Using technology to enhance health status monitoring		We have engaged with local Clinical Commissioning Groups (CCGs) and are working to explore the potential of telehealth for our older tenants who are living with chronic health conditions.	Working with the CCGs we have identified priority patients among our older tenants and are implementing a pilot scheme.	We are evaluating the pilot programme and modelling the cost and cost benefits of rolling out telehealth systems for older tenants across our general housing stock.	We have a programme to provide telehealth access for residents identified by their local CCG.	We are working with CCGs where we have successfully rolled out telehealth to promote the benefits to other health professionals, including hospital discharge teams, as well as disseminated the results more widely.
Using technology to support residents with dementia and their carers		We are reviewing the ways in which we may support those of our tenants in general housing who are living with dementia.	We are looking at the contribution telecare solutions can make to a whole system approach to mitigating risk and enhancing independence for people with dementia and their carers.	Telecare is a key element in our plans to extend our ability to support people with dementia so that they may remain in their existing accommodation for as long as possible.	We have systems in place that mitigate risk for people with dementia, their carers and their neighbours.	We are evaluating the experience of professionals and residents and reviewing whether we can further extend the level of confusion that we can be confident of supporting.
Embedding technology in our independent living offer		We have researched the impact of ALT on our ability to help tenants with increasing levels of frailty to maintain their tenancies.	We are reviewing the contribution the introduction of ALT will have on other areas of our agenda to modernise our service and offer a menu of options for tenants and other potential customers.	We have revised our literature for applicants and for professionals who may influence decisions in relation to their housing options in old age.	We have revised our housing management procedures and our promotional literature to reflect our greater resilience in supporting tenants who have health and social care needs.	We have a system in place for monitoring the use by our tenants of health and social care services and transfers to Registered Care settings and we publish that data as part of our governance reporting.